PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												/		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			17				Г	RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		8	BASIC FE	€ 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		* /			X43=	43	OR	X86=			
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT						177	1				
* 11	the difference	L	+145=	1//>0	OR	+290=								
CLAIMS AS AMENDED - PART II								TOTAL	424	OR	TOTAL			
		(Column 1)	WENDER	NDED - PART II (Column 2) (Column 3)				SMALL ENTITY OR				OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMÉ PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* 17	Minus	** 2.		=		X\$ 9=	7	OR	X\$18=			
	Independent	• 7	Minus		1	=		X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1/		+290= /			
/								TOTAL	<i>Y</i>	OR	TOTAL			
		(Catuma 4)		(Calcar	- 0\	(Calumn 0)	AD	DIT. FEE		OR	ADDIT. FÆE			
AMENDMENT B		(Column 1) CLAIMS		(Colum	ST .	(Column 3)			ADDI-	I I	-	ADDI-		
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE	٠.	RATE	TIONAL		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***	_::::::	-		X43=	·	ØВ	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	+145=		OR	+290=			
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**	,	=		X\$ 9=		OR	X\$18=	'		
	independent	*	Minus	***		a		X43=			X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."; ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
1	he "Highest Num	ber Previously Paid	For (Total or	Independer	nt) is the	n 3, enter 3. highest number	lound	in the ap	propriate bo	in cot	ume t.			

FORM PTO-875 (Rev. 10/03)

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